NAVAL MEDICAL RESEARCH AND DEVELOPMENT
NEWS
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Battlefield Trauma Center Ribbon Cutting at Fort Sam Houston

By Sig Christenson, reprinted with permission, copyright 2011 San Antonio Express-News

Long home to Army medic training, Fort Sam has been transformed by the 2005 base-closure round into the nation's hub for military research into combat casualty care.

The Battlefield Health and Trauma Research Institute has been open since Labor Day. It was set to officially open February 4, but the ceremonial ribbon-cutting was postponed till March 4 because of snow.

Its 230 researchers come from two states and the soon-to-shutter Air Force mission at Brooks City-Base. They'll develop new ways of saving lives as scientists, physicians and combat medics have for years at the Institute of Surgical Research next door, long a fixture at Fort Sam.

Anchored on what was a parking lot, the battlefield trauma center was the first of 78 buildings to go up at three local installations under the 2005 Defense Base Closure and Realignment Commission. It includes the Naval Medical Research Unit, Air Force Dental Evaluation and Consultation Service, and Army Dental and Trauma Research Detachment.

Researchers here already have made a difference — one of them the Combat Application Tourniquet, part of a 20-ounce aid kit first fielded five years ago after its development by the Army's Institute of Surgical Research (ISR).

Another innovation is the way blood is given to wounded troops. Doctors once started to resuscitate patients using two large bags of saline. They used a single bag of plasma, the liquid part of blood that is not cells, for every six bags of red blood cells. A new regimen gives patients going into shock a one-to-one ratio of plasma, red cells and platelets, which stop bleeding.

"So basically (it is) reconstituting as close as we can get to normal blood using blood components, and the mortality if you do that is way, way lower," said Dave Baer, ISR director of research.

"It's huge, just huge," he added. "People who wouldn't have lived before are living now because instead of getting salt water they're getting blood products."

All military hospitals in the war zone use the new ratio, as does BAMC, the Pentagon's only Level 1 trauma center. The new approach is being studied in major trauma centers around the nation.

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Ribbon cutting for the Battlefield Trauma Center. Left to right: Mr. Phil Reidinger, Director, Public Affairs Office Fort Sam Houston; MG Mark Welsh III, Vice Commander, Air Education and Training Command and Chairman, Executive Integration Oversight Board; MG James K. Gilman, Commanding General, U.S. Army Medical Research and Materiel Command; Rear Admiral Elaine C. Wagner, Director, OPNAV (N931) and Chief, Navy Dental Corps.

In this issue

Commanding Officer's Message

At 0046 EST, March 11, the West Coast/Alaska Tsunami Warning Center detected the historic earthquake 234 miles northeast of Tokyo that generated waves of up to 20 feet. We are all proud of our Navy's commitment to Operation Tomodachi (Japanese for friend) in supporting our longtime ally.

I know I speak for all the members of the Naval Medical Research Center Enterprise when I say our thoughts and prayers go out to the Japanese people and our U.S. military and families in Japan during this incredibly difficult time. The Navy now has a vital mission of delivering humanitarian assistance to the people of Japan and is committed to carrying out that mission until it is no longer needed, while also managing the potential risk to sailors, Marines and their families in the area. The sailors and Marines stationed in Japan were the first to join with their counterparts in the Japanese forces in this humanitarian mission in the wake of this massive earthquake and the subsequent tsunami that caused widespread destruction.

They were soon joined by others from the Navy and Marine Corps and members of the U.S. Air Force as the crisis unfolded and included two damaged nuclear power plants. The Navy Medical R&D Enterprise is also doing our part, in a small way, in support of this effort. For example, the Executive Officer from the Naval Medical Research Unit – San Antonio has joined the team. Cmdr. T.J. St. John, who is a Radiation Health Officer, deployed to Headquarters, Marine Force Pacific, as a Senior Radiation Health Officer and will supervise a team engaged in exposure monitoring and tracking data for Marine Corp personnel supporting Operation Tomodachi. From NAMRU-2 Pacific, HM1 Patrick Quinto is at the Maritime Operations Center helping to man the PACFLT Surgeon's office following PACFLT's transition to 24/7 operations in response to the situation in Japan. The Navy is monitoring the winds closely, moving our ships and aircraft as necessary to avoid the windline from the Fukushima Power Plant. Aircraft and aircrews returning from missions ashore are being monitored carefully for contamination and are conducting decontamination procedures as necessary when it is detected.

The safety and security of service members and their families is the top priority for the Navy and we continue to assist families of military personnel stationed in Japan to voluntarily depart Yokosuka and Atsugi as part of the Military Assisted Departure for DoD personnel. Personnel interested in verifying the safety of service members can utilize the Emergency Coordination Center, 1-877-414-5358. In addition, the Red Cross phone number is 1-800-696-3873.

BUMED established the Japan Earthquake and Tsunami Information website to provide current information (http://www.med.navy.mil/tsunamiresources/). For a comprehensive list of resources and information on the Japan relief effort or voluntary departure, visit the Chinfo.navy.mil Japan resource page.

Every day we are faced with new challenges, be it in the Far East, Mideast or wherever on our globe, our Navy is performing admirably and rising to meet these challenges living and exemplifying our core values of Honor, Courage and Commitment.

Commanding Officer sends,
Richard L. Haberberger, Jr.
CAPT, MSC, USN

Battlefield Trauma Center Ribbon Cutting at Fort Sam Houston

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A lot of work at Fort Sam's joint research center is being done on bone regeneration. The goal is to find an off-the-shelf bone-regenerative material that will reduce the need to harvest bones from patients. Researchers can't imagine growing entire limbs, but regenerative medicine looks promising for hand and face transplants.

Combat gum has been in development for 10 years, with the Pentagon investing $4 million in the research. Another $4 million will be spent to package it for clinical trials next year on military and civilian subjects age 18 to 65. The key ingredient in the gum, a peptide, also shows promise for preventing infections among burn patients. The peptide, a complex protein, is used in a solution that washes out burn wounds that can trigger dangerous infections.

"From my office, I can look out the window and you see real life unfolding before you," said Col. William Dunn, Dental Evaluation and Consultation Service chief. "There's a young man in a wheelchair with no legs who a month ago was in Afghanistan and today his job is to keep functioning and learn how to walk."

"You see it on a daily basis, and by us seeing that and being here it gives us a better resolve on what we're doing," said Navy Capt. Vincent DeInnocentiis, the Medical Research Unit commander. "The direct effect we have keeps us going."

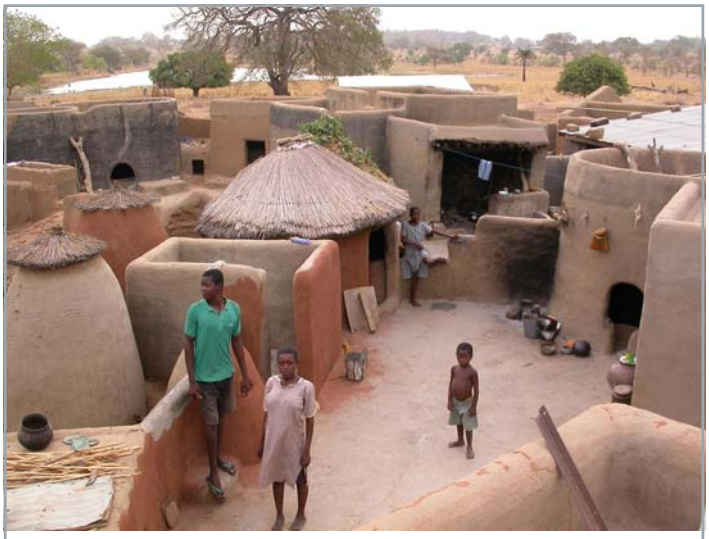
Navy Conducts Joint Infectious Disease Research with Ghana

Since 1996 the U.S. Navy has partnered with the West African nation of Ghana in designing and conducting public health research that measures the risk and impact of malaria. Researchers from the Naval Medical Research Center (NMRC) and U.S. Naval Medical Research Unit No. 3 (NAMRU-3), along with their colleagues at the Noguchi Memorial Institute for Medical Research in Accra, Ghana and the Ghana Ministry of Health, have been working together to develop ways to control, prevent and treat malaria.

"Worldwide, malaria kills almost 100 humans every hour and is a constant threat to the lives and welfare of the people of sub-Saharan Africa. Malaria is also the top infectious disease threat facing deployed military personnel," said Cmdr. David Fryauff, director of overseas malaria research in the Navy Malaria Program, NMRC, Silver Spring, Md.

The original goals of the joint effort were for Navy health and research professionals to help establish training and monitoring programs for the protection of human subject research; set up institutional review boards; and further develop or enhance personnel, laboratories and field sites, focusing on entomology, epidemiology, prevention, treatment and ultimately the conduct of malaria vaccine trials.

"This effort expanded to include three laboratories in Ghana (Accra, Kintampo, and Navrongo) and the Center for Malaria Research in Ouagadougou, the capital of the neighboring country of Burkina Faso. All four laboratories achieved Federal Wide Assurance (FWA) for their human research protections programs, making them eligible to receive federal research funding. The USN - Ghana collaboration was instrumental in winning a five-year malaria research grant from the U.S. National Institute of Allergies and Infectious Diseases for 2001-2006 and was successful in a grant renewal for 2006-2011. More than 18 jointly authored reports have been published in peer-reviewed international biomedical journals and more than 50 oral or poster presentations have also resulted. In 2010 the main clinical laboratories in Ghana and Burkina Faso initiated two early phase malaria vaccine trials performed by Africans for Africans," said Fryauff.



A traditional multifamily compound in northern Ghana where Navy scientists have been working with Ghanaian researchers to better understand, treat, and prevent malaria.

Irrigation makes year-round agriculture possible in northern Ghana, but flooded rice fields can produce huge numbers of mosquitoes and intense malaria transmission.

Over the last five years, the focus of the joint research has broadened beyond malaria to include outbreak investigations and cross-training in field and laboratory methods for the study of Leishmaniasis, influenza, Lassa fever and rotavirus.

"This has been a rewarding, and mutually beneficial relationship that will continue to bind our nations in scientific productivity. Enduring friendships and trust can be built by working together with other countries to monitor, prevent and treat malaria and other infectious disease threats," said Fryauff.

Fryauff and his team from NMRC presented highlights from this 14-year joint research effort at the Armed Forces Public Health Conference, Hampton, Va. in March and they will also present at the 2011 EUCOM/AFRICOM Science and Technology Conference in Stuttgart, Germany June 13-17.

Navy Fuels Go Green – Navy Biomedical Research Part of the Plan

Provided by Naval Medical Research Unit-Dayton Public Affairs

The Navy currently relies on at least seven types of petroleum-based fuels to power its multitude of ships, aircraft and other components of the fighting force. Recent Navy efforts are aimed at replacing approximately half of the 35 million barrels of fuel with alternative fuels.

Biofuels generated from fats, plant materials or other natural resources are particularly promising, with two types of biofuels currently undergoing performance-based testing. Hydrotreated Renewable Jet (HRI) fuel generated from camelina seeds was used as a 50/50 blend with conventional Jet Propulsion (JP)-5 to fly the F/A-18 "Green Hornet" on Earth Day 2010, and a marine biodiesel form of F-76 made from algae was used as a blend to power a Riverine Boat in October 2010.

An F/A-18F Super Hornet strike fighter, dubbed the "Green Hornet," is fueled with a 50/50 blend of biofuel and conventional fuel at Naval Air Station Patuxent River, Md. before a supersonic test flight. Photo by Liz Goettee.

Despite being biologically based, biofuels still need to undergo a series of toxicological tests to ensure the safety of the military personnel working with and around these fuels. Naval Medical Research Unit-Dayton (NAMRU-Dayton) researchers are working with the Naval Air Warfare Center, Aircraft Division to evaluate HRJ and the algae-based form of F-76 for toxicity and biological efforts.

To reduce costs and streamline testing, the NAMRU-Dayton team has relied heavily on *in vitro* technologies that expose human lung cells, grown in dishes, to the biofuels and blends directly or as vapors. Following exposure, the researchers determine damage to the cells by tracking enzyme activity. The team also assesses the mutagenic and carcinogenic potential of the biofuels and blends with the Ames assay, a test that utilizes strains of bacteria that are susceptible to DNA mutations and that allows growth under restrictive conditions.

To date, the *in vitro* toxicological tests performed by NAMRU-Dayton show no evidence of mutagenic events in the DNA with either HRJ or the algae-based F-76 fuel.

These preliminary data indicate that the risk to military personnel likely will not increase with the use of these alternative fuels, potentially giving the Navy a "green light" for moving to these types of fuels in the near future.

The Navy conducts a supersonic flight test of the "Green Hornet," an F/A-18 Super Hornet strike fighter jet powered by a 50/50 biofuel blend. Photo by Kelly Schindler.

NAMRU-Dayton researcher, Michelle Okolica, testing bio-fuels. To reduce costs and streamline testing, the research team relies on in vitro technology. Photo provided by NAMRU-Dayton.

Medical Supply Estimating Process Saves Lives on the Battlefield

By Shawn Richeson, NHRC Public Affairs Officer

On the battlefield, a corpsman rushes to aid a fallen warfighter, dragging him to the relative safety of a stone wall. He reaches into his Corpsman Assault Pack and removes a one-handed tourniquet to stop the flow of arterial blood. Reaches in again for a compression dressing to staunch the blood flow and dress the wound. The corpsman performed these lifesavings tasks because of his bravery and training. That he had what was required to save a life is a tribute to the efficacy of the logistics processes.

The Naval Health Research Center (NHRC) developed the Enterprise Estimating Supplies Program (EESP) to determine medical supply requirements for the U.S. Marine Corps. The Air Force and Navy now use EESP, also.

"Estimating supply requirements for treating battlefield illnesses and injuries is a critical component of the expeditionary medical resource planning process. This process underpins medical readiness and improves the success of the medical mission," said Mike Galarneau, department head, Medical Modeling, Simulation and Mission Support Department at NHRC in San Diego. "Using EESP, medical planners and logisticians are able to project optimal supply estimations and produce a variety of reports to analyze supply use by injury or by the tasks required for treatment."

Navy Hospitalman Chris McNeal and Marines assigned to Echo Company, 2nd Battalion, 3rd Marine Regiment, Regimental Combat Team-1, patrol the area Northeast of Combat Outpost Jaker. The Marines conduct daily security patrols to decrease enemy presence in the surrounding area. Third Marine Regiment is deployed in Helmand Province to support the International Security Assistance Force. Photo by Cpl. Orlando Perez

In the course of military operations, warfighters and support personnel can suffer a wide variety of wounded in action, non-battle injury, disease and mental health conditions. In EESP, standard diagnostic codes are used to develop task profiles describing the step-by-step procedures for administering medical care. These task profiles are based on clinical practice guidelines and Tactical Combat Casualty Care Protocols, which describe the approved procedures for treating conditions in theater.

"The goal of using EESP is to ensure that injured personnel receive the best medical care available. Each task lists the required consumables and equipment needed," said Galarneau. "As a result, every supply item in the projected inventory is directly associated with its own clinical requirement. EESP provides the capability to assess supply use across all levels of care, for ground and shipboard medical facilities, and across all medical functional areas."

More military personnel than ever are surviving their injuries. This trend is the result of many factors, including the application of empirically derived clinical practice guidelines, the development of Tactical Combat Casualty

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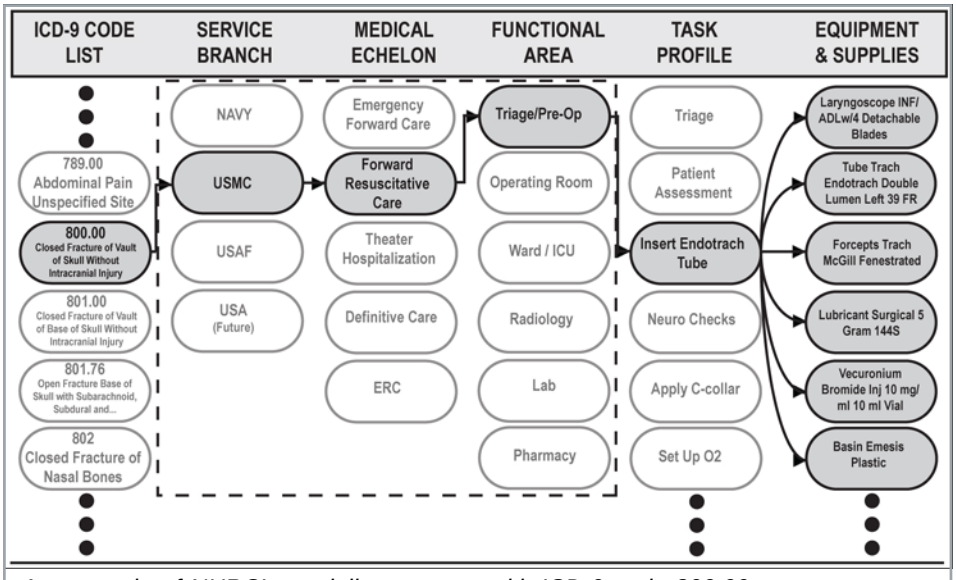

An example of NHRC's modeling process with ICD-9 code 800.00

NMRC Team Along With ONR Representatives Tour Gruntworks

A team from the Naval Medical Research Center (NMRC) and a representative from the Office of Naval Research toured the Marine Expeditionary Rifle Squad/Gruntworks Squad Integration Facility in Stafford, Va. and received briefs on the mission and goals. For the last few years, the Gruntworks team has worked closely with the Naval Health Research Center, San Diego, and is now looking to include other NMRC enterprise labs within the continental United States to expand biomedical research and development efforts into the human factors system.

"We enjoyed our visit and seeing firsthand the work that Gruntworks is doing to support the Marine Corps. This is very significant work and I am very interested in working more closely with the Marine Corps Systems Command and the team at this facility," said Capt. Richard L. Haberberger Jr., NMRC commanding officer. "We want to identify the best avenues for future research and development efforts. One example would be supporting the team's efforts to develop models to predict the human performance effects related to the size and weight of the combat gear that Marines carry."

NMRC team visits GRUNTWORKS. Left to right: Capt. Richard L. Haberberger Jr., NMRC commanding officer; William Bartko, NMRC contractor support; Capt. Elizabeth Montcalm-Smith, NMRC Advanced Medical Programs; Cmdr. Sheri Parker, ONR; and Mark Richter, GRUNTWORKS program manager.

Cmdr. Economos demonstrates how three components - rifle, scope and helmet - can be problematic to the Marine if human systems integration is neglected during the acquisition process.

The visit was hosted by Cmdr. Demetri Economos, the first Navy physiologist assigned to Gruntworks. Economos, who is a USMC Command and Staff alumni (Class of 2001) and serving his second tour with the Marine Corps, was assigned to the facility in September 2010 based on his unique experiences as a physiologist and his strong defense acquisition background.

The Gruntworks team sees the Marine rifle squad as a system, and from that perspective examines the capabilities, interfaces and life cycle for every item of equipment worn, carried or consumed by squad members. "We are a very unique organization here," said Economos. "We don't build the gear and we don't procure the gear. We make the gear better by focusing on human systems integration – we want to make sure the rifle, the scope and the helmet are integrated so that the individual Marine can be more effective as part of the squad as a system. Now we are moving forward to bring more of the medical assets to the systems development process to address the best physiological countermeasures we can provide. The focus for the medical side will be heat stress, hearing conservation and hearing loss, and human performance and cognitive issues, all areas that NMRC is currently involved in."

"Our goal is to equip the squad in an integrated, holistic and systematic fashion that increases the overall fighting ability of the entire unit across the spectrum of its missions," said Mark Richter, Marine Expeditionary Rifle Squad program manager. "Our job is to reduce the weight of the squad's load, assess human factors and plan for modernization in a coordinated and systematic way."

Gruntworks provides the facility, equipment and data collection tools to conduct human factors assessments, training, integration, modeling and prototyping. The equipment trials and testing can be done with Marines and sailors from Marine Corps Base Quantico, Va., using the local training areas and live fire ranges to evaluate the squad equipment.

NMRC Begins Enterprise Training Series for Researchers

The Naval Medical Research Center (NMRC) Office of Legal and Technology Services (OLTS) recently provided training for researchers focused on intellectual property and technology transfer. Later this year, the team intends to provide on-site training at the Naval Submarine Medical Research Laboratory, Groton, Conn., and the Naval Health Research Center, San Diego, Calif. It is anticipated that the training will be the first in an annual series.

The OLTS team generates almost half of all Navy Cooperative Research and Development Agreements and they are a major player in Navy, U.S. and international patenting.

This annual training series covers key topics in areas relevant to researchers who are involved in collaborative research. It is designed to orient them to available tools that help them meet the laboratory's mission and more efficiently move research from the Navy to the private sector. The commercialization aim is to more effectively leverage Navy funds to better support warfighters' medical needs.

"This technology transfer training provides our investigators with the tools to ensure that needed products get into the hands of our warfighters," said Mr. Joseph Hemby, NMRC OLTS department head. "We are committed to educating and empowering our researchers to help achieve this objective. One very valuable part of the training explains the business and intellectual property processes related to collaborative research with other federal entities and private industry."

One of the key take-aways from this training experience is successful technology commercialization requires internal synergy between researchers and technology transfer professionals to successfully do business with industry. We all bring together the pieces of the commercialization puzzle.

A compelling example of this hybrid business and legal process is a recent commercialization partnership between NMRC and a major international biopharmaceutical company to develop an enterotoxigenic *Escherichia coli* (ETEC) vaccine against travelers' diarrhea. The successful Patent License and Cooperative Research and Development Agreement negotiations required the joint expertise of researchers, business and legal teams. The net result is effective leveraging of Navy research funds and scientific expertise with the private sector commercialization resources.

"One of the key take-aways from this training experience is successful technology commercialization requires internal synergy between researchers and technology transfer professionals to successfully do business with industry. We all bring together the pieces of the commercialization puzzle," said Capt. Stephen Savarino, NMRC enteric diseases department head.

Researchers who attend the OLTS training will get information on identifying and disclosing new inventions, intellectual property protection, the legal tools available for research collaboration, royalty income from licensing agreements, as well as other subjects.

Individual module presentations are also available online at http://www.med.navy.mil/sites/nmrc/Pages/ott_training.htm.

NMRC Office of Legal and Technology Training Topics for Researchers

- Support Agreements
- Intellectual Property
- Patent License Royalties
- Patent License Agreements
- Cooperative Research and Development Agreements
- Technology Transfer Ethics

A year ago, Naval Medical Research Center signed a major research agreement with an industry partner to accelerate development of a promising new vaccine against enterotoxigenic E. coli (ETEC), the predominant cause of travelers' diarrhea.

NAMRU-2 Supports New U.S. Government Initiative in Malaysia

By NAMRU-2 Pacific Public Affairs

In November 2010, U.S. Secretary of State Hillary Clinton signed a Science and Technology Agreement (STA) with the government of Malaysia. The signing highlights the strengthening relationships between the two countries. The U.S. and Malaysia cooperate closely on security matters, including counter-terrorism, maritime domain awareness and regional stability. The relationship between the U.S. and Malaysian militaries is also strong with numerous exchanges, training, joint exercises and visits.

Working with the Biosecurity Engagement Program (BEP) at the U.S. State Department, U.S. Naval Medical Research Unit No. 2 (NAMRU-2) Pacific established new engagements with military, civilian and university partners focusing on enhancing biorisk awareness, training and management. In collaboration with the University of Malaya Medical Center, NAMRU-2 Pacific is engaging with scientists to train junior staff in areas of pathogen security and biosafety to raise awareness and promote effective laboratory practices and enhancing infectious disease surveillance activities and laboratory diagnostics. Currently, NAMRU-2 Pacific and BEP are partnering with the Ministry of Defense Science and Technology Research Institute for Defense (STRIDE) and the Ministry of Health Institute for Medical Research to co-sponsor the 2011 Biosafety, Biosecurity and Biodefense International Congress in Kuala Lumpur. This event will see the launching of the Malaysian Biosafety and Biosecurity Association.

Left to right: Lt. Cmdr. Gary Brice, NAMRU-2 Detachment in Singapore, meeting with Dr. Zalini Yunus, Senior Scientist at STRIDE, to discuss collaborative bioengagement activities.

NHRC Adapts AHSS to Real-time Monitoring of Heat Flag Conditions

By Shawn Richeson, NHRC Public Affairs Officer

Researchers at the Naval Health Research Center (NHRC) in San Diego developed an automated measurement system in 1997 to monitor heat stress, and the system is now installed on 30 ships and over 60 shore stations. These ship-based monitors save over 100,000 man-hours each year.

"Prior to the advances made by the NHRC team, the determination of Physiological Health Exposure Limits (PHEL) stay times for personnel working in hot environments was done manually by an individual who moved through workspaces reading and recording dry bulb (DB) air temperatures," said Jay H. Heaney, environmental physiologist, NHRC Warfighter Performance Department. "When a DB reading reached a certain trigger temperature, a heat stress survey was conducted using a portable, hand-held meter — a process that took three to five hours, depending on the size of the ship. At the time, the number of man-hours spent performing the manual survey annually was conservatively estimated at 3,300 hours for a destroyer and 5,800 hours for a carrier."

The Automated Heat Stress System (AHSS) is installed by NAVSEA, Naval Ships Engineering Station, Carderock Division, Philadelphia.

"The AHSS monitors heat stress conditions and provides real-time PHEL curve stay time guidance for watch stander rotations. Within minutes, the software prints the required information on a heat stress survey form," said Heaney.

Navy Medicine has oversight of the heat stress prevention program. The environmental data collected leads to developing guidance.

"The biomedical application of this data provides guidance for the safety and medical well-being of personnel," said Heaney. "The Bureau of Medicine and Surgery, headquarters for Navy Medicine, endorses revisions of the heat stress prevention program guidance prior to updating the Navy safety and occupational health instruction, OPNAVINST 5100.19E."

The research team went on to develop a shore-based system. Historically, heat flag conditions were manually monitored with an exterior portable meter that required 15 minutes for the readings to stabilize.

"The NHRC shore system was designed to employ a weather enclosure to house the AHSS unit and protect it from wind and rain," said Heaney. "The unit is wired into a computer allowing for continuous monitoring of heat flag conditions."

Heaney went on to add that several commands have linked the AHSS to their website to provide continuous and automated posting of heat flag conditions throughout the base, providing real-time heat stress conditions 24/7 for shore command operational environments, training exercises and physical conditioning conditions.

NHRC's Warfighter Performance Department conducts research related to the measurement, maintenance, restoration, enhancement and modeling of human performance in military operational environments. Emphasis is on the measurement and understanding of the processes that lead to physical and mental performance degradation, the development of countermeasures to maintain or enhance performance and the development of standards that allow safe and effective performance of Navy and Marine Corps personnel.

Medical Supply Estimating Process Saves Lives on the Battlefield

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Care protocols, and the institution of a Joint Theater Trauma System. For these elements to improve casualty outcomes, the appropriate supplies and equipment must be available in the right quantities, in the right place, at the right time.

"EESP provides the crucial methodology to optimize supply estimation, allowing improvements in theater medical care to increase the survival rate to the highest point in military history," said Galarneau.

The EESP database includes more than 180 models representing Navy, Marine Corps, and Air Force military treatment facility clinical functional areas. The program's supply projection process is designed to constrain cost while increasing capability through enhanced standardization, modernization and redundancy reduction.

While such models are crucial for informing medical allowance reviews, they are also capable of supporting in-depth manpower requirements studies, field treatment capabilities analysis and various course-of-action assessments, added Galarneau.

Greetings from the NMRC Ombudsman!

As we are all aware, a major earthquake and tsunami struck Japan last month. This event has been considered one of the worst natural disasters in history. Let's keep the individuals and families affected in our thoughts. To get up-to-date information and resources on how you can help, visit http://www.militaryonesource.com/MOS/FindInformation/JapanEarthquakeandTsunami2011.aspx.

Tax Time (One last reminder!): If you're waiting until the last moment to file your taxes, remember this year's deadline is April 18. Also, all active-duty, reservist, National Guard and their families should consider taking advantage of free federal and state filing software from H&R Block and MilitaryOneSource. You must go through MilitaryOneSource to set up your free account. Please check out: http://www.militaryonesource.com/MOS/FindInformation/Category/TaxFilingServices.aspx.

And for those of you in the military with a working spouse, if you don't know about the Military Spouse Residency Relief Act, please check out this article for more information. It could be a useful tax break for you.

The New Parent Support Program (NPSP) - *Are you a new parent?* More than 2,000 babies are born to military families each week. If you are or will be a new parent, the New Parent Support Program was developed for you! Program benefits are available free of charge to families expecting a child or that have a child or children up to three years of age. The program also includes home visits by the New Parent Support Program staff and may also include supervised playgroups, parenting classes and access to materials on parenting. You can find more details at http://www.militaryhomefront.dod.mil/tf/newparentsupport.

Individual Deployment Support Satisfaction Survey: Individual augmentees and their families are provided an opportunity to complete customer satisfaction surveys as an initiative to improve the quality of IA Family Support services. These results are reviewed continuously to ensure IA Family Support meets the needs of families and integrate best practices. As always, they appreciate the time you take out of your busy schedules to provide them your feedback on our performance. (All submissions are anonymous.) Please click on http://www.surveymonkey.com/s/G3M2HJP to ensure your voice is heard.

If you need help finding all the great resources the military has to offer or just need someone to talk to, please contact me at angela.prouty@med.navy.mil or 217-722-4981.

Angela Prouty
Ombudsman, NMRC

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